

Family Support Waiver

Services and Provider Enrollment

February 15 and 21, 2024

**Presented by the Division of Developmental Disabilities,
Home and Community Based-Services**

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Welcome!

Reminders

1. Please save questions for the Q & A portion of the webinar.
2. May send questions privately through chat to Tonia Nantkes.
3. This will be recorded and available on the provider website.
4. Please address technical issues to Tonia Nantkes privately in the chat.



Jenn Clark

Division of Developmental Disabilities
Deputy Director of Community Services



Tonia Nantkes

Division of Developmental Disabilities
Division Training Coordinator

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Agenda



**SERVICES PROVIDED BY THE
FAMILY SUPPORT WAIVER**



**HOW TO BECOME A FAMILY
SUPPORT WAIVER PROVIDER**

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The Family Support Waiver will provide services to 850 families with children up to the age of 21 with a budget cap of \$10,000.

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Services Provided on the Family Support Waiver

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FSW Services

Respite	Assistive Technology	Child Day Habilitation	Community Integration	Day Supports
Environmental Modification Assessment	Family and Peer Mentoring	Family Caregiver Training	Home Modifications	Homemaker
Independent Living	Personal Emergency Response System (PERS)	Supported Family Living	Transportation	Vehicle Modifications

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Respite

Respite is a non-habilitative service provided to participants unable to care for themselves.

It is furnished on a short-term, temporary basis for relief to the usual unpaid caregiver(s) living in the same private residence as the participant.



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Includes



Assistance with activities of daily living (ADL), health maintenance, and supervision.



Cost of camp fees.



Provided in the caregiver's home, a provider's home, or in community settings.



May be self-directed.



Transportation during the provision of Respite.

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Does Not Include



Non-medical transportation to the site where Respite begins.



Non-medical transportation from the site where Respite ends.



During the school hours set by local school district of the participant.



Regular school hours and days apply for a child who receives home schooling.



Any use of Respite, when the participant is awake or asleep, over eight hours within a 24-hour period is not reimbursable.

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Rules

A Respite provider or provider staff must not provide respite to children and adults (18 years and older) at the same time and location, unless approved by DDD Central Office.

Respite cannot be provided by any independent provider who lives in the same private residence as the participant or is a person legally responsible for the participant.

Not available to the usual unpaid caregiver(s) for employment or attending classes, or in lieu of Child Day Habilitation, Supported Family Living, or childcare responsibilities of the usual unpaid caregiver.

Budgetary

Limited to 240 hours per annual budget year.

Unused Respite cannot be carried over.

Amount of prior authorized services is based on the participant's person-centered service plan and participant's approved budget.

Provider is required to use Electronic Visit Verification (EVV).

Federal financial participation must not be claimed for the cost of room and board, except when provided as a part of Respite furnished in a facility approved by DDD and not a private residence.

Cannot be used concurrently with other HCBS Waiver services.

Respite must not overlap with, supplant, or duplicate other comparable services provided through the Medicaid State Plan or HCBS Waiver services.

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Assistive Technology

Equipment or a product system such as devices, controls, or appliances, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of participants and be necessary to ensure participants' health, welfare, and safety.



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Includes

Equipment or product systems.

Services consisting of purchasing or leasing assistive technology devices for participants.

Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.

Coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the service plan.

Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant.

Rules

Services under the Family Support Waiver are limited to services not otherwise covered under the Medicaid State Plan, including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), but consistent with waiver objectives of avoiding institutionalization.

Assistive Technology is limited to devices, controls, or appliances to assist the participant to perceive, control, or communicate with the environment they live in.

All devices and adaptations must be provided in accordance with applicable state or local building codes and applicable standards of manufacturing, design, and installation.

DDD may require an onsite assessment of the environmental concern, including an evaluation of functional necessity with appropriate Medicaid enrolled professional providers.

DDD may use a third party to assess the proposed modification and need for the modification to ensure cost effectiveness and quality of the product. This assessment will be funded by the Environmental Modification Assessment service and reimbursed separately.

Budgetary

- ✓ Assistive Technology is reimbursed per item directly to the Medicaid enrolled provider or the manufacturer.
- ✓ Providers cannot exceed their charges to the public when billing the waiver.
- ✓ A provider who offers a discount to certain individuals (for example, students or senior citizens) must apply the same discount to participants who would otherwise qualify for the discount.
- ✓ Damaged, stolen, or lost items not covered by insurance or warranty may be replaced once every two years.
- ✓ The amount of prior authorized services is based on the participant's need as documented in their person-centered service plan and within their approved annual budget.

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Child Day Habilitation

A habilitative service that provides teaching and staff supports to meet the age-appropriate needs of a child, due to their disability or special health conditions.

Child Day Habilitation takes place in the community, separate from the participant's private family residence, in a provider setting approved, registered, or licensed by DHHS.



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Includes

Activities and environments are designed to teach adaptive skills and build positive social behavior while meeting the child's additional needs related to a disability or special health conditions.

Includes the provision of supplementary staffing necessary to meet the child's exceptional care needs in a childcare setting.

Includes individually-tailored teaching to assist with the acquisition, retention, or improvement in adaptive skill development not yet mastered in daily living activities, inclusive community activities, and the social and leisure skill development necessary which will lead to more independence and personal growth to live in the most integrated setting appropriate to their needs.

Includes the provision of personal care, health maintenance activities, supervision, and protective oversight beyond what is normally provided to children without disabilities or special health conditions.

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Rules

For participants living in their private family residence.

Participants receiving must be integrated into the community to the greatest extent possible.

May be provided by a relative who is not legally responsible for the participant.

Cannot be provided by a legally responsible member of the participant's family.

Cannot receive Community Integration.

Cannot be provided during school hours set by the participant's local school district.

Regular school hours and days apply for a child who receives home schooling.

Includes any and all public education programs funded under the Individuals with Disabilities Education Act (IDEA).

Individual habilitation programs must be specific and measurable and updated when not yielding progress.

Data must be analyzed at least monthly to determine the effectiveness of the programming and to identify trends.

Monthly summary reports on progress or lack of progress must be made available in the state-mandated web-based case management system.

Budgetary

Coverage

- Only covers necessary services and supports associated with the child's physical, medical, personal care, or behavioral needs not included in regular childcare.
- The amount of prior authorized services is based on the participant's need documented in their person-centered service plan and within their approved annual budget.
- This service does not include the basic cost of childcare unrelated to a child's disability.

Rates

- Reimbursed at an hourly rate.
- Cost sharing is payment made for a covered service and is usually in the form of a co-insurance, co-payment, or deductible.

Transportation

- During the provision of Child Day Habilitation is included in the rate.
- Non-medical transportation to the site at which Child Day Habilitation begins is not included in the rate and is the parents' responsibility.
- Non-medical transportation from the site at which Child Day Habilitation ends is not included in the rate and is the parents' responsibility.

Budgetary (cont.)

Basic Childcare

- The rate charged by and paid to a childcare center or individual provider for children who do not have special needs.
- This service does not include the basic cost of childcare unrelated to a child's disability.
- This is determined by considering the cost of routine childcare and analyzing historical claim payment for the service to establish a rate that covers the exceptional physical, medical, or personal care needs required by the participant.

Regular Childcare

- Covers the care and supervision provided to children whose parents have elected to work or attend school and must arrange for someone else to take on their responsibilities in absentia.
- Regular childcare and its cost paid by parents do not cover the medically necessary services needed to address disability and special health care conditions.
- The cost of regular childcare is the responsibility of the participant's parents and is separate from the cost of habilitative services and staff supports due to the child's disability or special health condition.

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Community Services Integration

Habilitative services that provide formalized teaching, person-centered activities, staff supports, therapy, and counseling sessions.

For the acquisition, retention, or improvement in self-help, behavioral, and adaptive skills that enhance social development.

Provide the participant the opportunity to practice the taught skills through regularly scheduled community activities.

Habilitative activities are designed to foster greater independence, community networking, and personal choice.



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Includes

Supports furnished in the community.

Assistance with activities of daily living (ADL), health maintenance, and supervision.

Individual programs must be specific, measurable, and updated when not yielding progress.

Data analyzed at least monthly to determine effectiveness of the programming and identify trends.

Monthly summary reports on progress or lack of progress made available in the state-mandated web-based case management system.

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Rules

Participants may not perform paid or unpaid work activities in which others are typically paid but may perform volunteer activities or hobbies in which minimal money is received.

Participants cannot receive Child Day Habilitation.

May be provided by a relative but not a legally responsible person for the participant.

A service provider or provider staff must not provide Community Integration to children and adults (18 years and older) at the same time and location.

If Community Integration is provided to a child and adult at the same time and location there must be documentation in the person-centered service plan.

Must not overlap with, supplant, or duplicate other comparable services provided through Medicaid State plan or HCBS Waiver services.

Cannot be provided during school hours set by the local school district for the participant including a child who receives home schooling.

This limitation includes any, and all public education programs funded under the Individuals with Disabilities Education Act (IDEA).



Budgetary

Reimbursed at an hourly rate.

The amount of prior authorized services is based on the participant's need documented in their person-centered service plan and within their approved annual budget.

May be authorized in combination with Day Supports service in the same person-centered service plan, but the service may not be provided and billed for concurrently.

Transportation required in the provision of Community Integration is included in the rate.

Non-medical transportation to the site at which Community Integration begins is not included in the rate.

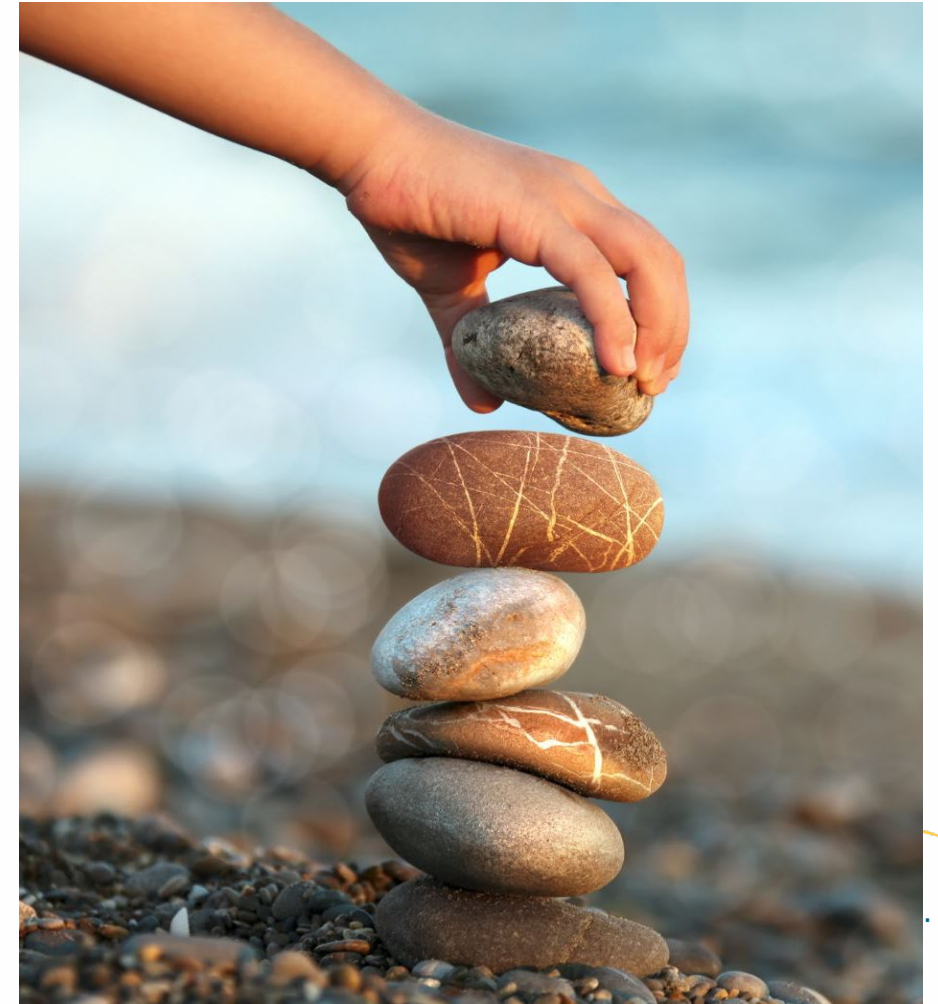
Non-medical transportation from the site at which Community Integration ends is not included in the rate.

The provider is in the community, providing a combination of habilitation, supports, protective oversight, and supervision to bill in hourly units.

Day Supports

A habilitative service offering habilitative activities in a provider-owned or controlled non-residential setting.

Provides person-centered activities, formalized training, and staff supports for the acquisition, retention, or improvement of self-help, behavioral skills, and adaptive skills to enhance social development.



Includes

- Activities assist in developing skills in performing activities of daily living, and community living.
- Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence, and personal choice.
- Includes the provision of personal care, health maintenance activities, supervision, and protective oversight.
- Focuses on enabling the participant to attain or maintain their maximum functional level and must be coordinated with, but may not supplant, any physical, occupational, or speech therapies listed in the person-centered service plan.
- Services and supports may reinforce but not replace skills taught in therapy, counseling sessions, or other settings.

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Rules

- Cannot be provided during school hours set by the participant's local school district, including a child who receives home schooling.
- Includes any and all public education programs funded under the Individuals with Disabilities Education Act (IDEA).
- Must not overlap with, supplant, or duplicate other comparable services provided through Medicaid State Plan or HCBS Waiver services.
- Documentation maintained in the service coordination file for each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation Services).
- May not provide for the payment of services that are vocational in nature (for the primary purpose of producing goods or performing services).
- Individual programs must be specific, and measurable, and updated when not yielding progress.
- Monthly summary reports on progress or lack of progress made available in the state-mandated web-based case management system.
- Data analyzed at least monthly to determine the effectiveness of programs and identify trends.

Budgetary

Reimbursed at an hourly rate.

Transportation required in the provision of Day Support is included in the rate.

The amount of prior authorized services is based on the participant's need documented in their person-centered service plan and within their approved annual budget.

May be authorized in combination with Community Integration service in the same person-centered service plan, but the service may not be provided and billed for concurrently.

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Environmental Modification Assessment

A functional evaluation with the participant to ensure the health, welfare, and safety of the participant or to enable the participant to integrate more fully into the community and to function in the participant's private home (not provider owned or leased, operated or controlled), or in the participant's family's home, when living with their family.



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On-Site Assessment

The onsite assessment of the environmental concern includes

An evaluation of the functional necessity;

The determination of the provision of appropriate assistive technology, home, or vehicle modification for the participant; and

The need for the modification to ensure cost effectiveness.

Budgetary

The amount of prior authorized services is based on the participant's need documented in their person-centered service plan and within their approved annual budget.

Reimbursed per assessment.

Providers must not exceed their charges to the public when billing the waiver.

A provider who offers a discount to certain individuals (for example, students or senior citizens) must apply the same discount to the participants who would otherwise qualify for the discount.

May be provided by a relative but not a person legally responsible for the participant.

The services under the waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

Family and Peer Mentoring



Provider mentors who have shared experiences with the participant, the family, or both will provide support and guidance by sharing experiences, strategies, and resources.

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Includes

The mentor explains community services and resources, programs, and strategies beyond those offered through the waiver.

Knowing how to navigate available resources will assist the participant and their family in reaching the participant's goals and outcomes they have set for themselves.

The outcome of this service is to support the participant, the family, or both in enhancing their knowledge and skills in understanding of available resources found in their local or surrounding community and how to access those resources.

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Rules

Must not overlap with, supplant, or duplicate other comparable services provided through Medicaid State Plan, including EPSDT, or HCBS Waiver services.

Providers of this service cannot mentor other unpaid caregivers who reside in the family home.

Providers of this service cannot mentor their own family members.

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Budgetary

The amount of prior authorized services is based on the participant's need documented in their person-centered service plan and within their approved annual budget.

Transportation during the provision of Family and Peer Mentoring is included in the rate.

Non-medical transportation from the site at which Family and Peer Mentoring ends is not included in the rate.

Billed at an hourly rate.

Non-medical transportation to the site at which Family and Peer Mentoring begins is not included in the rate.

Family Caregiver Training

A person-centered service that provides individualized training and education to the unpaid caregiver currently living in the family home who provides support to the participant. Intended to assist the unpaid caregiver in understanding and addressing the participant's needs by building upon their own skills and knowledge to become more proficient in assisting the participant in reaching their life goals.



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Includes

Courses could be about:

1. Understanding the disability of the participant;
2. Achieving greater competence and confidence in providing supports;
3. Developing or enhancing key parenting strategies;
4. Other areas so the unpaid caregiver can most effectively support the participant's desired goals and outcomes as described in the person-centered service plan.

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Rules

Must be necessary in order to achieve the expected outcomes identified in the participant's person-centered service plan.

Must be directly related to the role of the unpaid caregiver in supporting the participant in areas specified in the person-centered service plan.

All training for the caregiver who provides unpaid support to the participant must be included in the participant's service plan.

This service may not be provided in order to train or educate paid caregivers.

Budgetary

Includes payment available for registration and training fees associated with formal instruction in areas relevant to the participant needs identified in the service plan.

Not available for the costs of travel/transportation, meals, and overnight lodging to attend a training event or conference.

Educational and training programs, workshops and conferences registration costs for unpaid caregiver is limited up to \$500.00 per annual budget year.

This service must not overlap with, supplant, or duplicate other comparable services provided through Medicaid State Plan, including EPSDT, or HCBS Waiver services.

The amount of prior authorized services is based on the participant's need documented in their person-centered service plan and within their approved annual budget.

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Home Modifications

Physical adaptations to the participant's private home or to the family's home, when living with their family.

Necessary to ensure the health, welfare, and safety of the participant, or necessary to enable the participant to function with greater independence in their own participant-directed private home or the family's home, thereby decreasing their need for assistance from paid and natural supports because of limitations due to disability.



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Rules

Provided within the current foundation of the residence.

May include, but is not limited to, the installation of ramps, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems necessary to accommodate the modifications.

Adaptations adding to the total square footage of the home are excluded except when necessary to complete an adaptation (such as improving an entrance to a residence or configuring a bathroom to accommodate a wheelchair).

Does not include adaptations or improvements to the home of general utility and are not of direct medical or remedial benefit to the participant.

The participant's home must not present a health and safety risk to the participant other than what is corrected by the approved home adaptations.

Not approved to adapt living arrangements for a residence owned or leased, operated or controlled by a provider of waiver services.



Assessment

DDD may require an onsite assessment of the environmental concern, including an evaluation of functional necessity with appropriate Medicaid enrolled professional providers.

DDD may use a third party to assess the proposed modification and need for the adaptation to ensure cost-effectiveness and quality of the product.

The assessment will be funded by the Environmental Modification Assessment service and reimbursed separately.

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Budgetary

The amount of prior authorized services is based on the participant's need documented in their service plan and within their approved annual budget.

Proof of renter's insurance or homeowner's insurance may be requested.


Evidence of application to secure government-subsidized housing through the U.S. Department of Housing and Urban Development or other Economic Assistance programs may be requested.

Providers shall not exceed their charges to the general public when billing the waiver.

A provider who offers a discount to certain individuals (for example students or senior citizens) shall apply the same discount to the participants who would otherwise qualify for the discount.

May be provided by a relative but not a person legally responsible for the participant.

The services under this Waiver are limited to additional services not otherwise covered under the Medicaid State Plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.



Homemaker



The performance of general household activities, such as meal preparation, laundry services, errands, and routine household care.

Performed when the person regularly responsible for these activities is temporarily absent or unable to manage the home and care for those in the home.

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Rules

Does not include direct-care or supervision.

Cannot be provided to participants receiving Independent Living.

Cannot duplicate or replace other supports available to the participant, including natural supports.

Cannot be provided by any independent provider or agency staff member who lives in the same private residence as the participant or is a legally responsible person for the participant.

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Budgetary

The amount of prior authorized services is based on the participant's need documented in their person-centered service plan and within their approved annual budget.

This service must not overlap with, supplant, or duplicate other comparable services provided through the Medicaid State Plan or HCBS Waiver services.

Requires the provider use Electronic Visit Verification (EVV).

Transportation is not included in the reimbursement rate.

Reimbursed at an hourly rate.

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Independent Living



Provided in the participant's private home, not a residence owned or leased, operated or controlled by a provider.

The participant lives alone or with housemates and is responsible for rent, utilities, and food.

A habilitative service providing individually tailored intermittent supports for a waiver participant, which assists with the acquisition, retention, or improvement of skills related to living in their own private home and community.

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Includes

Adaptive skill development of daily living activities necessary to enable the participant to live in the most integrated setting appropriate to their needs.



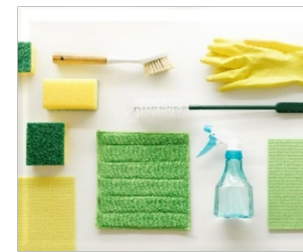
personal
grooming and
cleanliness



laundry



bed making



household
chores



eating



preparation of
food



community
living and
activities



transportation



social and
leisure skill
development

Includes

Available for participants 19 years and older.

Provided in the participant's private home, not a provider-owned or leased, operated or controlled residence.

May be provided to one, two, or three participants, based on the participants' assessed needs.

The amount of prior authorized services is based on the participant's need documented in their person-centered service plan and within their approved annual budget.

Provided to an awake participant who requires less than 24-hour of support a day.

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Rules

- Providers of Independent Living generally do not perform activities for the participant, except when not performing the activities poses a risk to the participant's health and safety.
- May be provided by a relative but not a legally responsible person or guardian of the participant.
- Participants receiving Independent Living cannot have an active service authorization for Respite.
- Participants receiving Independent Living cannot receive Supported Family Living.
- Shall not overlap with, supplant, or duplicate other comparable services provided through Medicaid State Plan or HCBS Waiver services.

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Rules

- Participants receiving Independent Living cannot receive Supported Family Living.
- Shall not overlap with, supplant, or duplicate other comparable services provided through Medicaid State Plan or HCBS Waiver services.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA).
- Includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (such as summer breaks, scheduled school holidays, and in-service days).
- Services cannot be provided during the school hours set by the participant's local school district.
- Regular school hours and days apply for a child who receives home schooling.

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Budgetary

Reimbursed at an hourly rate.

The rate structure for this service is determined based on the group size.

Group sizes of one, two, or three are based on the participant's assessed needs.

Requires the provider use Electronic Visit Verification (EVV).

Transportation required in the provision of Independent Living is included in the rate.

Non-medical transportation to the site at which Independent Living begins is not included in the rate.

Non-medical transportation from the site at which Independent Living ends is not included in the rate.

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Personal Emergency Response System (PERS)

An electronic device, which enables participants to secure help in an emergency.

The participant may also wear a portable PERS to allow for mobility.



The system is connected to the participant's telephone and programmed to signal a response center once activated.

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Rules

Instruction to the participant about how to use the PERS device;

Obtaining the participant's or authorized representative's signature verifying receipt of the PERS unit;

Ensuring response to device signals (where appropriate to the device) will be provided 24 hours per day, seven days per week;

Furnishing a replacement PERS unit when needed to the participant within 24 hours of notification of malfunction of the original unit while it is being repaired;

Updating a list of responder and contact names at a minimum semi-annually to ensure accurate and correct information;

Ensuring monthly testing of the PERS unit; and

Furnishing ongoing assistance when needed to evaluate and adjust the PERS device or to instruct the participant in the use of PERS devices, as well as to provide for system performance checks.

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Budgetary

Cannot be authorized for a participant who resides in a residence that is provider-owned or leased, operated or controlled.

The amount of prior authorized services is based on the participant's need documented in their person-centered service plan and within their approved annual budget.

Reimbursed as a monthly rental fee or as a one-time installation fee.

This service must not overlap with, supplant, or duplicate other comparable services provided through the Medicaid State Plan or HCBS Waiver services.

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Supported Family Living

Provided to the participant in their private family home, not in a provider owned or leased, operated or controlled setting.

The participant lives with relatives in their private family home.



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Includes

Provides individually tailored intermittent teaching and supports to assist with the acquisition, retention, or improvement of skills related to living in their own private home and community. Adaptive skill development of daily living activities is necessary to enable the participant to live in the most integrated setting appropriate to their need as identified in their service plan.



personal grooming and cleanliness




laundry




bed making



household chores




eating



preparation of food



community living and activities



transportation



social and leisure skill development

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Rules

- ❑ Provided to an awake participant who requires less than 24 hours of support a day.
- ❑ May be provided to one, two, or three participants, based on the participants' assessed needs.
- ❑ Data must be analyzed at least monthly to determine the effectiveness of the programming and to identify trends.
- ❑ Monthly summary reports on progress or lack of progress must be made available in the state-mandated web-based case management system.
- ❑ Providers generally do not perform these activities for the participant, except when not performing the activities poses a risk to the participant's health and safety.
- ❑ Individual habilitation programs must be specific, measurable, and updated when not yielding progress.
- ❑ Participants receiving Supported Family Living cannot receive Independent Living.

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Rules (cont.)

- ❑ May be provided by a relative but not a person legally responsible for the participant.
- ❑ This service cannot be provided during school hours set by the local school district for the participant.
- ❑ This limitation includes any, and all public education programs funded under the Individuals with Disabilities Education Act (IDEA).
- ❑ Regular school hours and days apply for a child who receives home schooling.
- ❑ This service must not overlap with, supplant, or duplicate other comparable services provided through the Medicaid State Plan or HCBS Waiver services.

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Budgetary

- The amount of prior authorized services is based on the participant's need as documented in the person-centered service plan, and within the participant's approved annual budget.
- Reimbursed at an hourly rate.
- The rate structure for this service is determined based on the group size.
- Requires the provider to use Electronic Visit Verification (EVV).
- Transportation required in the provision of Supported Family Living is included in the rate.
- Non-medical transportation to the site at which Supported Family Living begins is not included in the rate.
- Non-medical transportation from the site at which Supported Family Living ends is not included in the rate.

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Transportation

A service designed to foster greater independence and personal choice.

Transportation enables participants to gain access to waiver services, community activities, and resources, as specified by their service plan.



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Rules

- Not intended to replace formal or informal transportation options, like the use of natural supports.
- Does not include transportation to medical appointments available under the Medicaid State Plan or other federal and state transportation programs.
- Does not include transportation to the site at which Child Day Habilitation begins and from the site at which Child Day Habilitation ends and is the primary caregiver's responsibility.
- Provided for a waiver participant to get to and from a location only using the most direct route.
- May be provided by a relative but not a legally responsible person for the participant.

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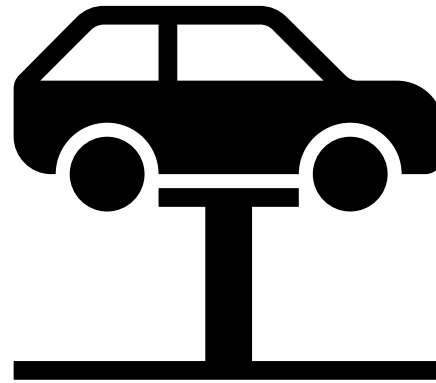
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Budgetary

- The amount of prior authorized services is based on the participant's need documented in their person-centered service plan and within their approved annual budget.
- Reimbursed per mile or cost of a bus pass.
- Agency provider mileage rate must not exceed the rate of reimbursement pursuant to Neb. Rev. Stat. §81-1176 multiplied by three.
- Individual provider mileage rate is paid at the mileage rate of reimbursement pursuant to Neb. Rev. Stat. §81-1176.
- The public transportation rate must not exceed the purchase price by the public.
- This service must not overlap with, supplant, or duplicate other comparable services provided through the Medicaid State Plan or HCBS Waiver services.

Vehicle Modifications

Vehicle Modifications are adaptations or alterations to an automobile or van that is the participant's primary means of transportation in order to accommodate the special needs of the participant.



Vehicle Modifications are specified by the person-centered service plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare, and safety of the participant.

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Not Included

Adaptations or improvements to the vehicle of general utility, and are not of direct medical or remedial benefit to the participant.

Purchase of existing adaptations or adaptations in process.

Adaptations to automobiles or vans owned or leased, operated or controlled by providers of waiver services.

Purchase or lease of a vehicle.

Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications.

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Assessment

DDD may require an on-site assessment of the environmental concern including an evaluation of functional necessity with appropriate Medicaid enrolled professional providers.

DDD may use a third party to assess the proposed modification and need for the modification to ensure cost effectiveness and quality of product.

This assessment will be funded by the Environmental Modification Assessment service and will be reimbursed separately.

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Budgetary

The amount of prior authorized services is based on the participant's need documented in their person-centered service plan and within their approved annual budget.

Proof of vehicle insurance may be requested.

Providers must not exceed their charges to the public when billing the waiver.

A provider who offers a discount to certain individuals (for example students or senior citizens) must apply the same discount to the participants who would otherwise qualify for the discount.

When the vehicle is leased, the modification is transferrable to the next vehicle.

This service must not overlap with, supplant, or duplicate other comparable services provided through the Medicaid State Plan or HCBS Waiver services.

Child Care Agency Requirements

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Requirements

Be a certified Developmental Disability agency provider to provide the FSW service.

Maintain any licensure with Department of Public Health.

Maintain certification with Department of Public Health for all Developmental Disability services provided.

Maintain certification of insurance on or before the first date of service, including:

i. Worker's Compensation as required by state law;

ii. Commercial motor vehicle liability coverage;

iii. Professional liability coverage; and

iv. General liability

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Requirements

Written policies describing how their business runs.

Written procedures giving direction to employees and contractors.

Complete background checks on all employees and contractors working directly with participants.

Ensure all employees and contractors meet requirements for education and experience, and any other requirements.

Ensure contractors comply with all applicable laws, rules, regulations, policies, and procedures.

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How to Become a Family Support Waiver Provider

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FSW Provider Requirements

A provider will need to enroll with Maximus for the particular service they want to provide.

All providers of waiver services must be Medicaid providers, as described in Title 471 regulations, and adhere to the same general conditions and standards.

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Question and Answer

We will first address questions submitted during the webinar and registration.

Then we will open the microphones for discussion and further questions.

Thank you!

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**Thank you for
attending
today's
Webinar**

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For more information about becoming a
FSW provider, contact

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